

Declaration and Power of Attorney For Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled CUSTOMER-CENTERED PHARMACEUTICAL PRODUCT AND INFORMATION DISTRIBUTION SYSTEM (Attorney Docket No. 049248-9015-01), the specification of which was filed with my authority, on June 14, 2001 as International Application No. PCT/US01/19034.

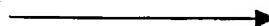
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims referred to above.

I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

23409



DIRECT ALL COMMUNICATIONS IN OR PERTAINING TO THIS APPLICATION
TO:

Customer Number

23409



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I hereby claim priority benefit under Title 35, United States Code, §119 of the provisional U.S. patent application listed below:

Application Serial No.
60/211,525

Filing Date
14 June 2000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-00 Full name of inventor: Jeanne Ann Stasny

Inventor's signature _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

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